

### **REMARKS**

In response to the Office Action of August 25, 2005, the claims have been further amended. It is submitted that this places all of the claims of the application in form for allowance.

Allowance of claims 31-39 is noted.

Claims 6 and 7 were objected to and rejected under 35 U.S.C. §112 because claim 6 originally depended from itself, while claim 7 depended from claim 6. Claim 6 has now been amended to depend from claim 5. Accordingly the objection to and rejection of claims 6 and under 35 U.S.C. §112 should be withdrawn.

Claim 10 has been amended in view of the amendment of claim 1, to refer accurately to the flexible sidewall mentioned in claim 1, as amended.

Claim 11 has been amended to agree with claims 8 and 10, from which it depends.

Claims 19-21, dependent from claim 1, have been amended to recite positively the dome top layer mentioned in each of these claims, for which a proper antecedent basis had been lacking.

Claim 24 has been amended to agree with amended claim 1, and to eliminate terms for which a proper antecedent basis had been lacking.

The present application discloses a bandage and a method for its manufacture in which a flexible dome is formed in a layer of film which is fastened to another layer of film so that the top portion of the dome can slip along a surface of the other layer of film.

As shown in Figs. 1, 3, 6, 13-16, and 18 and described on pages 3, 6, 8, 9, and 11 of this application, the flexible dome formed in a layer of film, because of its flexibility, is free to collapse immediately upon formation and traps little or no gas during its attachment to a dome base layer or a skin contact layer. As a result, its top portion rests against and is free to slide along the surface of the adjacent skin contact layer or dome base layer, in a nearly flat, two-dimensional configuration. In one embodiment, as mentioned on page 11, at lines 15-33, the dome may be perforated, so that it can't retain a bubble of gas and thus have a stable form, and the dome is then free to collapse to the configuration shown in Figs. 1, 6, 13 and 15, and shown in broken line in Figs. 3, 14, 16 and 18. The top portion of the dome is thus free to move, within a distance limited by the height of the dome, established by its flexible side walls. As shown in

FIG. 1, the dome is not left as a prominent gas-filled bubble in the finished bandage, and by virtue of its flexible side walls the dome has a top portion that is free to move in any direction for a limited distance from a central, neutral position, to accommodate relative movement between an area of skin to which the bandage is attached and an adjacent, contacting surface such as the inside of a sock or shoe. By virtue of the relatively low coefficient of friction between the top portion of the dome and the underlying dome base layer or skin contact layer of the bandage, the movement of the dome top portion relative to the underlying dome base layer or skin contact layer of the bandage allows movement of an adjacent surface such as a shoe or sock relative to skin protected by the bandage with greatly reduced stress on that skin.

Claims 1, 2, 4, 8-10, 13, and 14 were rejected as being anticipated by Augustine. The Examiner takes the position that Augustine's sidewall 316, shown in FIGS. 3 and 3A, is a skin contact layer as defined by claim 1; however, claim 1, as amended, requires the dome of the claimed bandage to be collapsible and to be attached to a first side of the skin contact layer of flexible film, and also requires the second side of the skin contact layer to be adhesively attachable to a surface to be protected. Augustine provides a bandage which has a stationary annular sidewall structure which is adhesively attached to a person's skin, surrounding an opening that communicates with the interior of the cover 315 of the device shown in Figs. 3 and 3A of the Augustine et al. patent. The portion which Augustine calls a sidewall 316, however, does not correspond in function to the skin contact layer of the bandage disclosed in the present application. The sidewall 316 disclosed by Augustine includes a layer of a film which is wrapped around an enclosed space preferably filled with a core of absorbent material 325. As a result, the second side of the layer of film of the sidewall 316 is not available to be adhesively attached to a surface to be protected, and the sidewall 316 is kept upright, as mentioned in column 8, at lines 18-23 of Augustine. Additionally, claim 1, as amended, requires that the skin contact layer extends beneath all of the dome. There is no skin contact layer extending beneath all of the dome in the Augustine et al. device. Furthermore, since the dome-like cover 315 of the Augustine et al. device is "sturdy, yet somewhat flexible," and "sturdy enough to form and maintain the dome that rises over the opening 323," (as described at column 8, lines 7-8, 10-11 of the patent), the cover 315 is not freely flexible and thus is not a collapsible hollow dome as recited in claim 1. Accordingly, claim 1 defines an invention not anticipated nor suggested by

Augustine, and claim 1 should be found allowable. Claims 2-25 and 44 all depend from claim 1, either directly or indirectly, and should therefore also be allowable for the same reasons, since they all include the same limitations as allowable claim 1.

Claims 26-30 and 40 were rejected under 35 U.S.C. §103(a) as obvious over Loomis U.S. Patent No. 5,170,781.

Claims 26-30 and 40-43 are directed to a method of making a bandage in which two adjacent layers can slide along one another to prevent or alleviate friction between a person's skin and an adjacent object. Claims 26 and 40 have been amended to clarify that the claimed methods are directed to forming a collapsible dome as part of friction reducing bandage. As amended, claim 26 requires attaching the skirt surrounding the dome to a skin contact layer extending at least beneath all of the dome, so that the dome is collapsible and the top portion is moveable along the skin contact layer.

Claim 40, as amended, defines the method of the present invention with some additional specificity by comparison with claim 26, by reciting that the skirt of the dome is attached adhesively in a manner "leaving said dome collapsible and said top portion moveable along said skin contact layer to an extent limited by said side wall."

Loomis discloses a bandage in which an inflated bubble provides a cushion of gas contained by a pair of thin plastic sheets, but teaches lamination of the sheets with air trapped between them, to maintain some space between the outer surface of the bubble and a backing strip to minimize impacts. Thus the Loomis disclosure teaches against, rather than suggesting, making a bandage with a collapsible dome and a top portion that can move along an underlying layer, as required by claims 26 and 40. It is respectfully submitted that claims 26 and 40 patentably define the methods of the present invention over the Loomis disclosure and should therefore be allowed.

Claims 27-30 depend from claim 26 and should be allowed for the same reasons.

Claims 41-42 depend from claim 40 and should also be allowed for the same reasons as explained for claim 40.

Claim 43 depends from claim 26, and adds a step of perforating the flexible dome that is not suggested by the prior art of record.

Appl. No. 10/672,731  
Amendment dated November 21, 2005  
Response to Office Action of August 25, 2005

Accordingly, the Examiner is requested to re-examine the application in view of the foregoing amendments and remarks, to allow claims 1-44, all of the claims of the application, and to pass the application promptly on to issue.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Donald B. Haslett", followed by a horizontal line.

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